

NOTICE OF AIRCRAFT LIEN

Office of the Secretary of the State
30 Trinity Street / P.O. Box 150470 / Hartford, CT 06115-0470 /Rev. 10/1/2004

SPACE FOR OFFICE USE ONLY

Fee: \$25.00
File in duplicate

To all persons whom it may concern, a lien is claimed by me on the below described aircraft:

1. CLAIMANT'S NAME:

IF INDIVIDUAL	LAST NAME:	FIRST NAME:	MIDDLE NAME:	SUFFIX:
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IF BUSINESS	NAME:
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2. CLAIMANT'S ADDRESS:

MAILING ADDRESS (Street or P.O. Box):	CITY:	STATE:	COUNTRY:	POSTAL CODE:
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3. AMOUNT OF CLAIM

4. NAME OF AIRCRAFT (Write "none" if not applicable)

5. REGISTRATION NUMBER:

6. BASIS OF CLAIM WITH DATES:

7. DESCRIPTION OF AIRCRAFT (MUST INCLUDE NAME OF MANUFACTURER)

8. LOCATION OF AIRCRAFT

9. OWNER'S NAME:

IF INDIVIDUAL	LAST NAME:	FIRST NAME:	MIDDLE NAME:	SUFFIX:
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IF BUSINESS	NAME:
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10. OWNER'S ADDRESS:

MAILING ADDRESS (Street or P.O. Box):	CITY:	STATE:	COUNTRY:	POSTAL CODE:
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INTENDED SALE (If applicable – at least 60 days next succeeding filing of such notice)	DATE OF SALE	PLACE OF SALE
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CLAIMANT'S SIGNATURE	DATE
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